

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101560960

FILING DATE

12-12-05

APPLICANT(S)

4-18-07 CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		1	
2				1-		1
3				1-		1
4				1-		1
5				1-		1
6				1-		1
7				1-		1
8			1	0	1	
9			0	1	1	
10				1-		1
11				1-		1
12				3		1
13				1-		1
14				0-		1
15				0-		1
16						1
17						1
18						1
19						1
20						1
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TOTAL IND.		↓	3	↓	3	↓
TOTAL DEP.		←	14	←	17	←
TOTAL CLAIMS			17		20	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						